Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2010

Open to Public

Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number Name of organization CHARLESTON CONVENTION & VISITORS BUREAU B Check if applicable 55-0598942 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (304) 344-5075 200 CIVIC CENTER DRIVE Terminated **G** Gross receipts \$ 1,514,121 Amended return City or town, state or country, and ZIP + 4 CHARLESTON, WV 25301 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates?
☐ Yes
✓ No ALISSA BAILEY 200 CIVIC CENTER DRIVE H(b) Are all affiliates included? CHARLESTON, WV 25301 If "No," attach a list (see instructions) H(c) Group exemption number > Tax-exempt status Website: ► N/A L Year of formation 1979 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO ENHANCE THE CITY OF CHARLESTON'S TAX BASE AND QUALITY OF LIFE THROUGH TOURISM AND MEETING **EXPENDITURES** Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 20 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 20 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . 5 8 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . 0 **7**b **Prior Year Current Year** 122,879 Contributions and grants (Part VIII, line 1h) . 338,492 Rayenue Program service revenue (Part VIII, line 2g) . 1,457,948 1,390,666 2,282 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 576 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1.798.722 1.514.121 12) . 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 549,049 535,204 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,354,293 968,857

Net assets or fund balances $\,$ Subtract line 21 from line 20 $\,$ Part II Signature Block

Total assets (Part X. line 16) . Total liabilities (Part X, line 26) . .

18

19

20

21

22

(Assets or | id Balances |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12 .

Sign Here	****** Signature of officer ALISSA BAILEY PRESIDER Type or print name and					2012-05-09 Date		
Paid	Print/Type preparer's name GREGO SILVER	ORY D RMAN CPA	Preparer's signature	GREGORY D SILVERMAN CPA	Date	Check if self- employed ▶	PTIN	
Preparer	Firm's name FHERMAN & C	Fırm's EIN						
Jse Only	Firm's address • 1031 QUAR	RIER ST 5TH FLOO ON, WV 25301	DR				Phone no 12320	(304) 345-
——— 1ay the IR	S discuss this return wit		shown above? (se	e instructions) .			▼ Yes 「	No

1.903.342

-104.620

727,114

726,737

377

Beginning of Current

Year

1,504,061

End of Year

10,060

737,062

736,797

265

1 0111	1990 (2010)				Page Z
Par	Statement of Progra Check if Schedule O contain				· · · · · · · · · · · · · · · · · · ·
	Briefly describe the organization's		estion in this Part III		• • • • • • • •
_	ENHANCE THE CITY OF CHARLES		OUALITY OF LIFE TH	ROUGH TOURISM AND M	FETING EXPENDITURES
10 1	INHANCE THE CITY OF CHARLES	TON 3 TAX BASE AND	QUALITY OF LIFE III	ROOGH FOORISM AND M	ELTING EXTENDITORES
2	Did the organization undertake an the prior Form 990 or 990-EZ?				「Yes V No
	If "Yes," describe these new servi				
3	Did the organization cease conducts services?			ducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) allocations to others, the total exp	organizations and sectio	on 4947(a)(1) trusts are	e required to report the am	
4a	(Code) (Expens	ses \$ 1,282,282	ıncludıng grants of \$) (Revenue \$)
	TO ENHANCE THE CITY OF CHARLESTON	n's tax base and quality of	LIFE THROUGH TOURISM A	ND MEETING EXPENDITURES	
4b	(Code) (Expens	ses \$	including grants of \$) (Revenue \$)
<u></u>	(Code) (Expens	ses \$	ıncludıng grants of \$) (Revenue \$)
	Other program services (Descri	ho in Schodula O \			
4u	(Expenses \$	including grants of	· \$) (Revenue \$)
 4е	Total program service expenses	+\$ 1,282,28	2	<u> </u>	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a		14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

1 01111	990 (2010)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
	2 22 . 25	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			_
13	year			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Yes			
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110		
J	year by the following					
а	The governing body?	8a	Yes			
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11a	11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
Ь	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
h	taxable entity during the year?	16a		No		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Se	ection C. Disclosure	_00		<u> </u>		
17	List the States with which a copy of this Form 990 is required to be filed.					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply					

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JAMA JARRETT 200 CIVIC CENTER DRIVE

CHARLESTON, WV 25301 (304) 344-5075

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posit	((tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) RICK ATKINSON BD MEMBER		х		х				0	0	0
(2) GREG BOLLES BD MEMBER		х		х				0	0	0
(3) CATHY BRACKBILL BD MEMBER		х		х				0	0	0
(4) JIM BUCKALEW BD MEMBER		х		х				0	0	0
(5) GARY CHERNENKO BD MEMBER		х						0	0	0
(6) MARK CHERRY BD MEMBER		х						0	0	0
(7) MARY JEAN DAVIS BD MEMBER		х						0	0	0
(8) RUSTY EATON BD MEMBER		х						0	0	0
(9) DR DAN FOSTER BD MEMBER		х						0	0	0
(10) GEORGETTE GEORGE BD MEMBER		х						0	0	0
(11) TROY GIATRAS BD MEMBER		х						0	0	0
(12) JACK HARRISON BD MEMBER		х						0	0	0
(13) MAYOR DANNY JONES BD MEMBER		х						0	0	0
(14) ANDREW JORDAN BD MEMBER		х						0	0	0
(15) TED LAWSON BD MEMBER		х						0	0	0
(16) STEVE LEMMERMAN BD MEMBER		х						0	0	0

\$100,000 in compensation from the organization ▶0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per		tion (that a	che				(D) Reportable compensation from the	(E) Reportable compensatior from related	,	(F) Estima amount o compens	ited fother
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizat relate organiza	he on and ed
17) LISA MCCRACKEN BD MEMBER		Х						0		0		
(18) JOHN ROBERTSON BD MEMBER		х						О		0		
(19) JUDY WELLINGTON BD MEMBER		х						О		0		
(20) PATTY BRADLEY PRESIDENT/CEO	40 00			х				72,000		0		13,26
1b Sub-Total			٠.	٠.	•		<u> </u>			1		
c Total from continuation sheet	s to Part VII, Sec	ion A				۲						
d Total (add lines 1b and 1c) .							►	72,000	-	0		13,260
Total number of individuals (ind \$100,000 in reportable compe	-				ed a	ibove)	who	received more than	1			
											Yes	No
Did the organization list any for on line 1a? If "Yes," complete Se	•								ted employee	3		Νο
For any individual listed on line organization and related organi												
ındıvıdual			•	•	•	•	•			4		Νo
5 Did any person listed on line 1 services rendered to the organ								_	r individual for •	5		Νο
Section B. Independent Co	ntractors											
Complete this table for your five \$100,000 of compensation fro	e highest compen		ndepe	nde	nt c	ontrac	tors	that received more	than			
	(A) ame and business add							Descri	(B) otion of services		(C) Compen	
											· · ·	
								ı				

Form 9	90 (2010) /III Statement of Revenue				Pa	age 9
rait	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	122,879	122,879			
Program Service Revenue	MARKETING REVENUE b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 900099	9,500 1,381,166 1,390,666	1,381,166		
	Investment income (including dividends, interest and other similar amounts)	(II) Personal	576	576		
Other Revenue	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)					
	c Net income or (loss) from fundraising events					
	Miscellaneous Revenue 11a b c d All other revenue e Total. Add lines 11a-11d	Business Code				
	Iotal levelue. See Histractions		1,514,121	1,391,242	orm 990 (2	

	990 (2010)				Page 10					
Par	Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	72,000	57,600	14,400						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	•								
7	Other salaries and wages	300,045	240,036	60,009						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits	128,976	103,181	25,795						
10	Payroll taxes	34,183	27,347	6,836						
а	Fees for services (non-employees) Management									
Ь	Legal									
С	Accounting									
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	21,824	5,456	16,368						
12	Advertising and promotion	396,116	396,116							
13	Office expenses	20,632	13,411	7,221	_					
14	Information technology	15,743	11,020	4,723						
15	Royalties	·								
16	Occupancy	23,256	16,279	6,977						
17	Travel	,	,		_					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	1,035		1,035						
21	Payments to affiliates				_					
22	Depreciation, depletion, and amortization	31,219		31,219						
23	Insurance									
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	INCENTIVES	282,473	282,473							
b	SALES EXPENSE & MARKETI	80,362	80,362							
c	MISCELLANEOUS EXPENSE	25,182	0	25,182						
d	TELEPHONE	19,908	12,940	6,968						
е	TEMPORARY SERVICES	12,705	10,164	2,541						
f	All other expenses	38,402	25,897	12,505						
25	Total functional expenses. Add lines 1 through 24f	1,504,061	1,282,282	221,779	0					
26	Joint costs. Check here ▶ ☐ If following				_					
	SOP 98-2 (ASC 958-720) Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
	Farsa and a second a second and		1	·	000 (2.01.0)					

Forn	n 990 ((2010)				Page 11
Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		604,217	1	629,928
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, ke highest compensated employees Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B), and contributing emplosponsoring organizations of section 501(c)(9) voluntary employees organizations (see instructions)	yers, and			
sts.		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	400,521 0a			
	ь	Less accumulated depreciation	ОЬ 293,551	122,733	10c	106,970
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	164	15	164	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		727,114	16	737,062
	17	Accounts payable and accrued expenses .		377	17	265
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
lities	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilit	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ï		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		377	26	265
s e o		Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	lines 27			
an	27	Unrestricted net assets		726,737	27	736,797
Balance	28	Temporarily restricted net assets			28	
돧	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and co lines 30 through 34.	mplete			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		726,737	33	736,797
~	34	Total liabilities and net assets/fund balances		727,114	34	737,062

Ра	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,5	514,12
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,5	504,06
3	Revenue less expenses Subtract line 2 from line 1	3		<u> </u>	10,06
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	726,73
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7	736,79
Pai	rt XIII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O	•	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

DLN: 93493131023462

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** CHARLESTON CONVENTION & VISITORS BUREAU

Pa	organizations Maintaining Do organization answered "Yes" to Fe	nor Advised Funds or Other Similar F orm 990, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5		nor advisors in writing that the assets held in do t to the organization's exclusive legal control?	noradvised Yes No
6	- · · · · · · · · · · · · · · · · · · ·	ors, and donor advisors in writing that grant funds the benefit of the donor or donor advisor, or for a	·
Pa	rt II Conservation Easements. Con	nplete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1 2	Protection of natural habitat Preservation of open space	recreation or pleasure) Preservation of a	certified historic structure
-	easement on the last day of the tax year	a diqualifica conservation contribution in the form	Total conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
Ь	•		2b
C	Number of conservation easements on a cert	ıfıed hıstorıc structure ıncluded ın (a)	2c
d	Number of conservation easements included	ın (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	, transferred, released, extinguished, or terminat	ed by the organization during
	the taxable year 🗠		
ı	Number of states where property subject to c	onservation easement is located 🛌	
5	· · · · · ·	egarding the periodic monitoring, inspection, han	ndling of violations, and
•	Staff and volunteer hours devoted to monitori	ing, inspecting and enforcing conservation easer	ments during the year ►
,	A mount of expenses incurred in monitoring, i	nspecting, and enforcing conservation easement	ts during the year ► \$
3	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of se	ction Yes No
)	· · · · · · · · · · · · · · · · · · ·	ports conservation easements in its revenue an text of the footnote to the organization's financia n easements	·
ar		llections of Art, Historical Treasures, wered "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
la	art, historical treasures, or other similar asse	er SFAS 116, not to report in its revenue statem ets held for public exhibition, education or resear to its financial statements that describes these i	rch in furtherance of public service,
b	-	er SFAS 116, to report in its revenue statement neld for public exhibition, education, or research se items	•
	(i) Revenues included in Form 990, Part VII	I, line 1	► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	· ·	art, historical treasures, or other similar assets f der SFAS 116 relating to these items	·
а	Revenues included in Form 990, Part VIII, III		▶ \$
	shadd maraded in rollin 550, rait vill, in	··	- ¥ <u> </u>

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	the	<u>r Similar</u>	<u>Asse</u>	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	that are	a significa	nt us	se of its col	lection	l	
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the o	rganızatıon'	sex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	_	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	1 "Y	es" to Fori	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions o	r other asse	ets r	iot	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г	I		A mou	nt	
c	Beginning balance							1c				
d	Additions during the year											
e	Distributions during the year						F	1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	ر 212				<u>L</u>				Yes	┌ No
			c 7 I ,							,	. 63	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n and	Wer.	ad "Ve	s" to F	orm aan	Dar	t IV/ line 1	n		
ГЭГ	Endownient i unus. Complete i	(a)Current Year		Prior `			Years Back		Three Years Ba		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	d and a	dmınıstered	for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				٠	-	3a(i)		
L	(ii) related organizations									3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•	[3b		<u> </u>
	t VI Investments—Land, Buildings					90 Pa	rt X line	10				
	<u> </u>	, and Equipme) Cost o		(b)Cost or o		(c) Accumu	lated		
	Description of investment				sis (inve		basis (othe		depreciati		(d) Bo	ook value
	and						1					
1a l			•									
b E	Buildings											
b E		· · · · · · · · · · · · · · · · · · ·	· ·				146	,545		90,481		56,064
b E	Buildings		· ·					,545 ,976		90,481		56,064 50,906
b E c L d E e (Buildings						253					

Part VII Investments—Other Securities. See	Form 990, Part X, line 1: T		£
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line T	13. (c) Method o	fustion
(a) Description of investment type	(b) Book value	Cost or end-of-ye	
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
	l		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

	Reconciliation of Change in Net Assets from Form 990 to Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,514,121
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,504,061
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,060
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	10,06
Par	rt XIII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Retu	rn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Par	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an rt V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com ditional information		
	Identifier Return Reference Ex	planat ion	
	RECONCILING ITEMS ARE STATEMENT ACCRUAL BAS		

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2010

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization CHARLESTON CONVENTION & VISITORS BUREAU **Employer identification number**

55-0598942

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5		THE ORGANIZATION'S PRIOR DIRECTOR OF OFFICE & OPERATIONS IS SUSPECTED OF EMBEZZLEMENT OF AN UNKNOWN AMOUNT OF FUNDS THE CRIME IS CURRENTLY BEING INVESTIGATED AND A FINAL AMOUNT IS TO BE DETERMINED

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		BOARD REVIEWS FORM 990 PRIOR TO FILING

Identifier	Identifier Return Reference Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH MONTHLY BOARD REVIEW OF TRANSACTIONS

Identifier Return Reference Explanation		Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWS EXPERIENCE AND EDUCATION OF KEY EMPLOYEES ALONG WITH BENCHMARKS FROM BMAI AND MAKES ITS RECOMMENDATIONS PRIOR TO APPROVAL

ldentifier	entifier Return Reference Explanation			
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICE IN CHARLESTON, WV		